

**APPLICATION FOR EMPLOYMENT**

Position being applied for: \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

**PERSONAL DATA**

\_\_\_\_\_  
 Last Name Given Name(s)

\_\_\_\_\_  
 Address Apt No. Home Telephone

\_\_\_\_\_  
 Town/City Prov Postal Code Business Telephone

Are you legally eligible to work in Canada ? Yes No  
 Do you have access to a vehicle on a daily basis ? Yes No  
 Are you 18 years or more and less than 65 years of age ? Yes No

To determine your qualification for employment, please provide below and on the reverse if necessary, information related to your academic and other achievements including volunteer work as well as employment history.

**EDUCATION**

\_\_\_\_\_  
 SECONDARY SCHOOL Yes No If yes, highest grade or level completed:  
Certificate or diploma awarded ? Yes No

\_\_\_\_\_  
 BUSINESS OR TRADE SCHOOL Yes No Certificate or Diploma Awarded ? Yes No  
 Name of Program: Length of Program:

\_\_\_\_\_  
 COMMUNITY COLLEGE Yes No Certificate or Diploma Awarded ? Yes No  
 Name of Program: Length of Program:

\_\_\_\_\_  
 UNIVERSITY Yes No Degree Awarded: Honours ? Yes No  
 Name of Program: Length of Program:

\_\_\_\_\_  
 OTHER COURSES / WORKSHOPS / SEMINARS (Please list )

**CURRENT CERTIFICATES:** ( Please Check )

First Aid C.P.R. W.H.M.I.S. N.V.C.I. VALID "G" LICENCE

Quality Assurance Measures Training  Criminal/Vulnerable sector check (less than 6mths old)

Other:

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**EMPLOYMENT**

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Name and Address of  
present/last employer

Job Title:

Period of employment (includes leaves of absence related to maternity/parental, Workers  
Safety Insurance claims, handicap/disability or Human Rights complaints ):

< From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Organization

Reason for leaving ( do not include leaves of absences related to maternity parental,  
Workers Safety Insurance claims, handicap/disability or Human Rights complaints ):

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Functions and Responsibilities:

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previous employer

Name and Address of

Job Title:

Period of employment (includes leaves of absence related to maternity/parental, Workers  
Safety Insurance claims, handicap/disability or Human Rights complaints ):

< From: \_\_\_\_\_ To: \_\_\_\_\_

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Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Organization

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Workers Safety Insurance claims, handicap/disability or Human Rights complaints ):

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Functions and Responsibilities:

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**VOLUNTEER WORK EXPERIENCE**

Please list:

Indicate length of Involvement:

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**EMPLOYER REFERENCES**

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May we approach:

Your present / last Employer ?	Yes	No
Your previous Employer(s) ?	Yes	No

List References if different than indicated on previous page.

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**WORK RELATED SKILLS**

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Describe any of your work related skills, experience, or training relating to the position applied for.

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**PERSONAL INTERESTS AND ACTIVITIES**

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Describe:

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I hereby declare that the foregoing information is true and complete to my knowledge.  
I understand that a false statement may disqualify me from employment, or cause my dismissal.

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Date

Signature of Applicant

OFFICE USE ONLY: Rec'd on: \_\_\_\_\_